

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 179
Registered No. 213

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. 23 Palisade Lodge Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas Roy Wilson { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Oct. 23 1930
Month Day Year

8. FATHER
Full name Roy A. Wilson

9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 20 (Years)

12. Birthplace (city or place) Holly
(State or country) Colorado

13. Occupation Musician
Nature of industry

14. MOTHER
Full maiden name Virginia Pickens

15. Residence (Usual place of abode) Globe
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Douglas
(State or country) Iowa

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 1/2 hr. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Dr. C. J. Hunter
Physician
(Physician or Midwife).

Given name added from a supplemental report _____ Address _____
Month, day, year

Registrar _____ Filed 11/9 1930 H. E. Edgerton Registrar

365-1023-572